

Sponsor Details		Date:	ABN:
Business Name:			
Contact Name:		Phone:	
Address:			
		Postcode:	
Accounts eMail:	General eMail:		
Website:			
Noosa FM Sponsorship Representative Name:			Date:

On Air Details	Campaign Name:	Start Date:	Finish Date:
No. of Spots per Week:	No. of Weeks:		
Time Slots:			
Costs: \$			
Production: \$	Scripting: \$		
Total Campaign Cost: \$			

Payment Details	Noosa District Community Radio Station Assn Inc.		
Invoicing:	Monthly \$	Quarterly \$	Annually \$ Other \$
Payment Details:	Card No _____	Expiry Date ___/___	
	Cardholder	Amount \$	
	Direct Deposit BSB: 124101 , Account Number: 1139 5883		
<ul style="list-style-type: none"> • Please use 'Business name' as the reference with your Direct Deposit to avoid delays. • For payment by Credit Card over the telephone contact us on 5447 2233 and provide above information. 			
Please complete details, sign contract and return by email or post - thank you			

Terms Of Business
<ul style="list-style-type: none"> • Payment will be required prior to your Campaign start date. • Any cancellation by the Sponsor requires written notice at least <i>7 working days</i> before the sponsorship is due for broadcast. <p>I confirm that I am the authorized business owner/manager, have read and agree to Noosa FM Community Radio's Terms of Business and that all details supplied herein are true and correct. I confirm this account will be responsible for this commitment made by and/or on behalf of the business above.</p> <p>Signature Print Name</p> <p>Date</p>